

United States Bankruptcy Court: Judge

RE Lamont M Broussard  
Request to File claim  
Case No 19-23649

FILED  
U.S. BANKRUPTCY COURT  
MIDLAND  
SEP 27 2021  
S.D. OF N.C.

I write to humbly request that  
this court please allow my claim.

I am currently in inpatient treatment  
for opiod addiction, due to being perscribed it  
~~at~~ by my Dr years ago, after I could not get  
it after my Drs clinic was shut down, I  
began using heroin when I could not afford  
the street cost of my meds (oxy 15mg IR)  
the obsession has been unmanageable, and all  
consuming

I lost close family relations between  
me and my 2 daughters, I've never have  
seen my grand kids, which is one of the  
reasons I'm in Treatment

I've stole, sold, and have done many  
despicable things to avoid getting, If someone  
would have explained to my Dr or me what  
a pharmer opiod addiction looked like I would

not be where I'm at now, due to the  
fact I administer ~~the~~ heroin with I.V.  
I'm at high risk for disease and  
death

I don't have a  
lawyer and can't afford one, I know  
if I can ~~buy~~ <sup>buy</sup> my Mother a house and  
a house for both my daughters, they  
will except me and for give for not  
being around because I was strung out

Please

Sincerely  
Lallant Broussard  
40 NW Resources 235 S. 3rd St  
Shelton VA 22584  
9/19/2021  
360-426-0890

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

In re:

PURDUE PHARMA L.P., et al.,  
  
Debtors.

Chapter 11

Case No. 19-23649 (RDD)  
  
(Jointly Administered)

## General Opioid Claimant Proof of Claim Form

You may file your claim electronically at [PurduePharmaClaims.com](http://PurduePharmaClaims.com) via the link entitled "Submit a Claim."

For questions regarding this Proof of Claim Form, please call Prime Clerk at (844) 217-0912 or visit [PurduePharmaClaims.com](http://PurduePharmaClaims.com).

Read the instructions at the end of this document before filling out this form. This form is for any person or entity, other than a governmental unit or Native American Tribe, to assert a general unsecured claim against the Debtors based on or involving opioids or their production, marketing and sale, including without limitation, the Debtors' production, marketing and sale of Purdue Opioids, excluding claims for personal injury.

**Do not** use this form to assert a claim against the Debtors seeking damages based on personal injury related to the taking of a Purdue Opioid and/or the taking of another opioid for which You believe Purdue is responsible for Your damages. File such claims on a Personal Injury Claimant Proof of Claim Form.

**Do not** use this form to assert any other pre-petition claims, including secured claims or claims entitled to priority under 11 U.S.C. § 507(a). Secured claims, claims entitled to priority under 11 U.S.C. § 507(a), and non-opioid related claims should be filed on a Non-Opioid Claimant Proof of Claim Form (Form 410). However, if You have a claim against the Debtors based on non-opioid-related injuries or harm, in addition to Your claim based on or involving the Debtors' production, marketing and sale of Purdue Opioids, You may include information related to that claim on the General Opioid Claimant Proof of Claim Form by completing Part 4 of this form.

Creditor (also referred to as "You" throughout) shall provide information responsive to the questions set forth below. Instructions and Definitions are provided at the end of this document. You shall provide information reasonably available to You and are not excused from providing the requested information for failure to appropriately investigate Your claim. Creditor shall supplement its responses if it learns that they are incomplete or incorrect in any material respect.

You must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim. Do not send original documents as they will not be returned, and they may be destroyed after scanning.

Fill in all the information about the claim as of September 15, 2019, the Petition Date. You may also fill in information regarding any claims You believe You may have after September 15, 2019 on this form. This form should be completed to the best of Your ability with the information available to You. If You are unable to answer certain questions at this time, the absence of an answer, by itself, will not result in the denial of Your claim, though You may be asked or required to provide additional information at a later date. You may also amend or supplement Your claim after it is filed.

### Part 1: Identify the Claim

1. Who is the current creditor?

LaMont Broussard M.

Name of the individual or entity to be paid for this claim. If the creditor is a minor (under 18), please provide only the minor's initials.

Other names the creditor used with the debtor, including maiden, d/b/a/, or other names used:

2. Describe the creditor making the claim.

☒ Individual ☐ Retirement or Pension Fund Administrator  
☐ Hospital ☐ Pharmacy Benefit Manager  
☐ Third Party Payor ☐ Other (describe):

3. Has this claim been acquired from someone else or some other entity?

☒ No  
☐ Yes. From whom:

4. Where should notices and payments to the creditor be sent?  
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

LaMont Broussard c/o  
Nar Resources Incubator  
235 S. 3rd Street  
Number Street  
Shelton WA 98584  
City State ZIP Code

Contact phone

Contact email

Where should payments to the creditor be sent? (if different)

LaMont Broussard c/o  
Nancy Broussard  
5939 39th N, 26th Apt 677  
Number Street  
Tacoma WA 98407  
City State ZIP Code

Contact phone 253,076 7889

Contact email

5. Does this claim amend one already filed?

☒ No

☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_

Filed on

MM / DD / YYYY

6. Do you know if anyone else has filed a proof of claim for this claim?

☒ No

☐ Yes. Who made the earlier filing? \_\_\_\_\_

## Part 2: Attorney Information (Optional)

7. Are you represented by an attorney in this matter?

☒ No.

☐ Yes. If yes, please provide the following information:

You do not need an attorney to file this form.

Law Firm Name \_\_\_\_\_

Attorney Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Contact phone \_\_\_\_\_

Contact email \_\_\_\_\_

## Part 3:

### Information as of September 15, 2019, the Petition Date, About Your Claim

8. Do you have any number you use to identify the debtor?

☐ No

☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 7 4 8 4

9. How much is the claim?

\$ 500,000 or Negotiable

☐ Unknown.

10. When do You allege You were first injured as a result of the Debtors' alleged conduct?

1 / 2008 or about 2008-2021  
Month Year

11. Describe the conduct of the Debtors You allege resulted in injury or damages to You.

Attach additional sheets if necessary.

In (2008) I was prescribed oxycodone 15mg IR by Dr Antone Johnson for chronic pain due to Crohn's Disease which informed me that the meds would manage the pain, after he was under federal investigation his clinic shut down, and I began to use Heroin soon after and have been hooked on it ever since, I lost every thing due to my opiod addiction I'm currently in inpatient drug treatment for opiod addiction



10. Describe the conduct of the Debtors You allege resulted in injury or damages to You.

Attach additional sheets if necessary.

Purdue et al drug reps failed - committed to be ~~Debtors~~ Johnson have addictive the Purdue opioid product was in order to secure ~~sell~~ sales for the corporation

- ☒ If You believe that this question has been answered in the Government Plaintiff Fact Sheet submitted in the Ohio MDL, and You wish to rely on Your statements made in the Government Plaintiff Fact Sheet to answer this question, check this box.
- ☐ If You believe that this question has been answered in a complaint that you have filed against the Debtor(s), and You wish to rely on Your statements made in that complaint to answer this question, check this box.

11. Describe all alleged causes of action, sources of damages, legal theories of recovery, etc. that You are asserting against the Debtors.

Attach additional sheets if necessary.

Purdue Pharma is liable, under the strict liability common law of both WA State and Federal laws, It is the product manufacturer who knew the high possibility to patients health, which led to the national opioid epidemic. Due to Purdue Pharma Deliberate disregard to numerous factor, I've struggled with homelessness and addiction from an or about (2003) to the present it will struggle with this Disease in till I die

- ☐ If You believe that this question has been answered in the Government Plaintiff Fact Sheet submitted in the Ohio MDL, and You wish to rely on Your statements made in the Government Plaintiff Fact Sheet to answer this question, check this box.
- ☐ If You believe that this question has been answered in a complaint that you have filed against the Debtor(s), and You wish to rely on Your statements made in that complaint to answer this question, check this box.

12. Based on information reasonably available to You, please identify each category of damages or monetary relief that You allege, and include the amount of damages you assert for each category, if known.

Attach additional sheets if necessary.

- 1) Opioid addiction has caused me to become dysfunctional emotionally, I have problems conveying emotions and receiving emotional stimulation without opioids I astranged from my family \$500,000
- 2) I've been back and forth to prison since the early (2004) due to my opioid addiction \$500,000
- 3) Methadone withdrawal \$100,000
- 4) Homelessness \$100,000
- 5) physical & emotional Bondage

- ☐ If You believe that this question has been answered in the Government Plaintiff Fact Sheet submitted in the Ohio MDL, and You wish to rely on Your statements made in the Government Plaintiff Fact Sheet to answer this question, check this box.
- ☐ If You believe that this question has been answered in a complaint that you have filed against the Debtor(s), and You wish to rely on Your statements made in that complaint to answer this question, check this box.

<b>13. Based on information reasonably available to You, provide the total number of opioid-related overdose deaths of Your residents each year for the later of (i) 2008, or (ii) the date on which the period for which You are seeking damages begins.</b>	<b>Year</b>	<b>Total number of opioid related overdose deaths, if available</b>
<input type="checkbox"/> If You believe that this question has been answered in the Government Plaintiff Fact Sheet submitted in the Ohio MDL, and You wish to rely on Your statements made in the Government Plaintiff Fact Sheet to answer this question, check this box.		
<input type="checkbox"/> If You believe that this question has been answered in a complaint that you have filed against the Debtor(s), and You wish to rely on Your statements made in that complaint to answer this question, check this box.		

**Part 4: Supporting Documentation**

<b>14. Please provide the following supporting documentation if you would like (but You are not required) to supplement this proof of claim.</b>	<input type="checkbox"/> Provide any documents supporting Your claim, including but not limited to: any Plaintiff Fact Sheets and accompanying documents submitted in the MDL proceeding in the Northern District of Ohio; any complaint, petition, information, or similar pleading filed in any civil or criminal proceeding involving the Debtors; and any records supporting Your claim for damages.
	<input type="checkbox"/> In lieu of uploading or resubmitting the Government Plaintiff Fact Sheet that was submitted in the Ohio MDL, the creditor authorizes the Debtors to make the Government Plaintiff Fact Sheet, submitted on _____ in the Ohio MDL, available to Prime Clerk, the Court, and any party who agrees to be bound by the Protective Order to be submitted for entry by the Court for use in connection with this proof of claim and these chapter 11 cases.
	<input type="checkbox"/> In lieu of uploading or submitting the complaint filed against the Debtor(s), the creditor authorizes the Debtors to make the complaint filed on _____ with caption _____ available to Prime Clerk, the Court, and any party who agrees to be bound by the Protective Order to be submitted for entry by the Court for use in connection with this proof of claim and these chapter 11 cases.

**Part 5: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- ☐ I am the creditor.  
☐ I am the creditor's attorney or authorized agent.  
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.  
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 9/19/2021 (mm/dd/yyyy)

LalMont Broussard

Signature

Print the name of the person who is completing and signing this claim:

Name LalMont Meten Broussard  
First name Middle name Last name

Title

Company

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address N/W Resources Tx Ctr, 235 S. 3<sup>rd</sup> St  
Number Street  
Shelton VA 92584  
City State ZIP Code

## Instructions for Governmental Opioid Proof of Claim Form

These instructions and definitions generally explain the law. In certain circumstances, such as bankruptcy cases that debtors do not file voluntarily, exceptions to these general rules may apply. You should consider obtaining the advice of an attorney, especially if you are unfamiliar with the bankruptcy process and privacy regulations.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.  
18 U.S.C. §§ 152, 157 and 3571.

### How to fill out this form

- ❑ Fill in all of the information about the claim as of the date the bankruptcy case was filed, September 15, 2019. You may also fill in information regarding any claims You believe You may have after September 15, 2019 on this form.
- ❑ If the claim has been acquired from someone else, then state the identity of the last party who owned the claim or was the holder of the claim and who transferred it to you before the initial claim was filed.
- ❑ Attach any supporting documents to this form.

Attach redacted copies of any documents that show that the debt exists, a lien secures the debt, or both. (See the definition of *redaction* on the next page.)

Also attach redacted copies of any documents that show perfection of any security interest or any assignments or transfers of the debt. In addition to the documents, a summary may be added. Federal Rule of Bankruptcy Procedure (called “Bankruptcy Rule”) 3001(c) and (d).
- ❑ Do not attach original documents because they will not be returned and may be destroyed after scanning.
- ❑ If the claim is based on delivering health care goods or services, do not disclose confidential health care information. Leave out or redact confidential information both in the claim and in the attached documents.
- ❑ A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, individual's tax identification number, or financial account number, and only the year of any person's date of birth. See Bankruptcy Rule 9037.
- ❑ For a minor child, fill in only the child's initials and the full name and address of the child's parent or guardian. For example, write *A.B., a minor child (John Doe, parent, 123 Main St., City, State)*. See Bankruptcy Rule 9037.
- ❑ Each question in this proof of claim form should be construed independently, unless otherwise noted. No question should be construed by reference to any other question if the result is a limitation of the scope of the answer to such question.
- ❑ The questions herein do not seek the discovery of information protected by the attorney-client privilege.

- ❑ The words “and” and “or” should be construed as necessary to bring within the scope of the request all responses and information that might otherwise be construed to be outside its scope.
- ❑ After reviewing this form and any supporting documentation submitted with this form, additional information and documentation may be requested.
- ❑ Purdue Pharma (Canada) is not a debtor in this case. If Your claim is against only Purdue Pharma (Canada), You do not have a claim in this case and should not file and submit this form.

### Confirmation that the claim has been filed

To receive confirmation that the claim has been filed, enclose a stamped self-addressed envelope and a copy of this form. You may view a list of filed claims in this case by visiting the Claims and Noticing Agent's website at [PurduePharmaClaims.com](http://PurduePharmaClaims.com).

### Understand the terms used in this form

**Claim:** A creditor's right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. §101 (5). A claim may be secured or unsecured.

**Creditor:** A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (10).

**Debtor:** A person, corporation, or other entity who is in bankruptcy. Use the debtor's name and case number as shown in the bankruptcy notice you received. 11 U.S.C. § 101 (13).

**Information that is entitled to privacy:** A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth. If a claim is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. You may later be required to give more information if the trustee or someone else in interest objects to the claim.



UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

In re:

PURDUE PHARMA L.P., et al.,

Debtors.

Chapter 11

Case No. 19-23649 (RDD)

(Jointly Administered)

## General Opioid Claimant Proof of Claim Form

You may file your claim electronically at [PurduePharmaClaims.com](http://PurduePharmaClaims.com) via the link entitled "Submit a Claim."

For questions regarding this Proof of Claim Form, please call Prime Clerk at (844) 217-0912 or visit [PurduePharmaClaims.com](http://PurduePharmaClaims.com).

Read the instructions at the end of this document before filling out this form. This form is for any person or entity, other than a governmental unit or Native American Tribe, to assert a general unsecured claim against the Debtors based on or involving opioids or their production, marketing and sale, including without limitation, the Debtors' production, marketing and sale of Purdue Opioids, excluding claims for personal injury.

**Do not** use this form to assert a claim against the Debtors seeking damages based on personal injury related to the taking of a Purdue Opioid and/or the taking of another opioid for which You believe Purdue is responsible for Your damages. File such claims on a Personal Injury Claimant Proof of Claim Form.

**Do not** use this form to assert any other pre-petition claims, including secured claims or claims entitled to priority under 11 U.S.C. § 507(a). Secured claims, claims entitled to priority under 11 U.S.C. § 507(a), and non-opioid related claims should be filed on a Non-Opioid Claimant Proof of Claim Form (Form 410). However, if You have a claim against the Debtors based on non-opioid-related injuries or harm, in addition to Your claim based on or involving the Debtors' production, marketing and sale of Purdue Opioids, You may include information related to that claim on the General Opioid Claimant Proof of Claim Form by completing Part 4 of this form.

Creditor (also referred to as "You" throughout) shall provide information responsive to the questions set forth below. Instructions and Definitions are provided at the end of this document. You shall provide information reasonably available to You and are not excused from providing the requested information for failure to appropriately investigate Your claim. Creditor shall supplement its responses if it learns that they are incomplete or incorrect in any material respect.

You must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim. Do not send original documents as they will not be returned, and they may be destroyed after scanning.

Fill in all the information about the claim as of September 15, 2019, the Petition Date. You may also fill in information regarding any claims You believe You may have after September 15, 2019 on this form. This form should be completed to the best of Your ability with the information available to You. If You are unable to answer certain questions at this time, the absence of an answer, by itself, will not result in the denial of Your claim, though You may be asked or required to provide additional information at a later date. You may also amend or supplement Your claim after it is filed.

### Part 1: Identify the Claim

1. Who is the current creditor?

Lamont Broussard M

Name of the individual or entity to be paid for this claim. If the creditor is a minor (under 18), please provide only the minor's initials.

Other names the creditor used with the debtor, including maiden, d/b/a, or other names used:

2. Describe the creditor making the claim.

☐ Individual

☐ Retirement or Pension Fund Administrator

☐ Hospital

☐ Pharmacy Benefit Manager

☐ Third Party Payor

☐ Other (describe):

3. Has this claim been acquired from someone else or some other entity?

☐ No

☐ Yes. From whom?

4. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Lamont Broussard  
94 New Resources Tx Center

Name

235 S. 3rd Street

Number

Street

Shelton WA 98584

City

State

ZIP Code

Contact phone

Contact email

Where should payments to the creditor be sent? (if different)

Lamont Broussard  
94 Nancy Broussard

Name

5939th N 26th Apt 677

Number

Street

Tacom WA 98407

City

State

ZIP Code

Contact phone

253-376-7889

Contact email

5. Does this claim amend one already filed?

☒ No

☒ Yes. Claim number on court claims registry (if known) \_\_\_\_\_

Filed on \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM / DD / YYYY

6. Do you know if anyone else has filed a proof of claim for this claim?

☐ No

☐ Yes. Who made the earlier filing? \_\_\_\_\_

**Part 2: Attorney Information (Optional)**

7. Are you represented by an attorney in this matter?

☒ No.

☐ Yes. If yes, please provide the following information:

You do not need an attorney to file this form.

Law Firm Name \_\_\_\_\_

Attorney Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Contact phone \_\_\_\_\_

Contact email \_\_\_\_\_

**Part 3: Information as of September 15, 2019, the Petition Date, About Your Claim**

8. Do you have any number you use to identify the debtor?

☐ No

☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 3 9 0 2

9. How much is the claim?

\$ 1 million or negotiable

☐ Unknown.

10. When do You allege You were first injured as a result of the Debtors' alleged conduct?

1 / on or about 2005-2021  
Month Year

11. Describe the conduct of the Debtors You allege resulted in injury or damages to You.

Attach additional sheets if necessary.

On or about 2005 I was prescribed oxycodone by my Dr Antone Johnson which is the causation of my opioid addiction. In Tacoma, WA off K Street, He nor I was informed that oxycodone (Sing IR was highly addictive by the sells reps Purdue Pharma which were advertising Purdue products

10. Describe the conduct of the Debtors You allege resulted in injury or damages to You.

Attach additional sheets if necessary.

Purdue Pharma is the purducers of oxycodone 15 mg and Purdue Opiod which is responsible for my addiction to Opiods and also responsible for the national opioid epidemic of which I'm a victim

- ☐ If You believe that this question has been answered in the Government Plaintiff Fact Sheet submitted in the Ohio MDL, and You wish to rely on Your statements made in the Government Plaintiff Fact Sheet to answer this question, check this box.
- ☐ If You believe that this question has been answered in a complaint that you have filed against the Debtor(s), and You wish to rely on Your statements made in that complaint to answer this question, check this box.

11. Describe all alleged causes of action, sources of damages, legal theories of recovery, etc. that You are asserting against the Debtors.

Attach additional sheets if necessary.

Purdue Pharma had knowledge of the high risk of abuse and addiction its products posed, but suppressed those info's from the public to increase sell, and to make \$ at the cost of my family's or my life

- ☐ If You believe that this question has been answered in the Government Plaintiff Fact Sheet submitted in the Ohio MDL, and You wish to rely on Your statements made in the Government Plaintiff Fact Sheet to answer this question, check this box.
- ☐ If You believe that this question has been answered in a complaint that you have filed against the Debtor(s), and You wish to rely on Your statements made in that complaint to answer this question, check this box.

12. Based on information reasonably available to You, please identify each category of damages or monetary relief that You allege, and include the amount of damages you assert for each category, if known.

Attach additional sheets if necessary.

1) Disabled due to Purdue products on assistance for addiction \$500,000 LB

2) Mental Anguish \$500,000

3) Unable to fill emotion with out Opiod \$500,000

4) Unemployable, \$500,000

5) Loss of pay since 2008 100,000

- ☐ If You believe that this question has been answered in the Government Plaintiff Fact Sheet submitted in the Ohio MDL, and You wish to rely on Your statements made in the Government Plaintiff Fact Sheet to answer this question, check this box.
- ☐ If You believe that this question has been answered in a complaint that you have filed against the Debtor(s), and You wish to rely on Your statements made in that complaint to answer this question, check this box.

<b>13. Based on information reasonably available to You, provide the total number of opioid-related overdose deaths of Your residents each year for the later of (i) 2008, or (ii) the date on which the period for which You are seeking damages begins.</b>	<b>Year</b>	<b>Total number of opioid related overdose deaths, if available</b>
	<input type="checkbox"/> If You believe that this question has been answered in the Government Plaintiff Fact Sheet submitted in the Ohio MDL, and You wish to rely on Your statements made in the Government Plaintiff Fact Sheet to answer this question, check this box.	
<input type="checkbox"/> If You believe that this question has been answered in a complaint that you have filed against the Debtor(s), and You wish to rely on Your statements made in that complaint to answer this question, check this box.		

**Part 4: Supporting Documentation**

<b>14. Please provide the following supporting documentation if you would like (but You are not required) to supplement this proof of claim.</b>	<input checked="" type="checkbox"/> Provide any documents supporting Your claim, including but not limited to: any Plaintiff Fact Sheets and accompanying documents submitted in the MDL proceeding in the Northern District of Ohio; any complaint, petition, information, or similar pleading filed in any civil or criminal proceeding involving the Debtors; and any records supporting Your claim for damages.
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**Part 5: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- ☒ I am the creditor.  
☐ I am the creditor's attorney or authorized agent.  
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.  
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 9/19/2021 (mm/dd/yyyy)

LalMont Brüssard  
Signature

Print the name of the person who is completing and signing this claim:

Name LalMont Brüssard Brüssard  
First name Middle name Last name

Title

Company

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

NVA Resources Tx Ctr, 235 S. 3rd St.  
Number Street  
Shelton KYA 98584  
City State ZIP Code

## Instructions for Governmental Opioid Proof of Claim Form

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A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.  
18 U.S.C. §§ 152, 157 and 3571.

### How to fill out this form

- Fill in all of the information about the claim as of the date the bankruptcy case was filed, September 15, 2019. You may also fill in information regarding any claims You believe You may have after September 15, 2019 on this form.
- If the claim has been acquired from someone else, then state the identity of the last party who owned the claim or was the holder of the claim and who transferred it to you before the initial claim was filed.
- Attach any supporting documents to this form.  
Attach redacted copies of any documents that show that the debt exists, a lien secures the debt, or both. (See the definition of *redaction* on the next page.)  
Also attach redacted copies of any documents that show perfection of any security interest or any assignments or transfers of the debt. In addition to the documents, a summary may be added. Federal Rule of Bankruptcy Procedure (called “Bankruptcy Rule”) 3001(c) and (d).
- Do not attach original documents because they will not be returned and may be destroyed after scanning.
- If the claim is based on delivering health care goods or services, do not disclose confidential health care information. Leave out or redact confidential information both in the claim and in the attached documents.
- A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, individual's tax identification number, or financial account number, and only the year of any person's date of birth. See Bankruptcy Rule 9037.
- For a minor child, fill in only the child's initials and the full name and address of the child's parent or guardian. For example, write *A.B., a minor child (John Doe, parent, 123 Main St., City, State)*. See Bankruptcy Rule 9037.
- Each question in this proof of claim form should be construed independently, unless otherwise noted. No question should be construed by reference to any other question if the result is a limitation of the scope of the answer to such question.
- The questions herein do not seek the discovery of information protected by the attorney-client privilege.

- The words “and” and “or” should be construed as necessary to bring within the scope of the request all responses and information that might otherwise be construed to be outside its scope.
- After reviewing this form and any supporting documentation submitted with this form, additional information and documentation may be requested.
- Purdue Pharma (Canada) is not a debtor in this case. If Your claim is against only Purdue Pharma (Canada), You do not have a claim in this case and should not file and submit this form.

### Confirmation that the claim has been filed

To receive confirmation that the claim has been filed, enclose a stamped self-addressed envelope and a copy of this form. You may view a list of filed claims in this case by visiting the Claims and Noticing Agent's website at [PurduePharmaClaims.com](http://PurduePharmaClaims.com).

### Understand the terms used in this form

**Claim:** A creditor's right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. §101 (5). A claim may be secured or unsecured.

**Creditor:** A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (10).

**Debtor:** A person, corporation, or other entity who is in bankruptcy. Use the debtor's name and case number as shown in the bankruptcy notice you received. 11 U.S.C. § 101 (13).

**Information that is entitled to privacy:** A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth. If a claim is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. You may later be required to give more information if the trustee or someone else in interest objects to the claim.